2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000047768

Entity Name: TUTOR N TOWN INC.

Address:

City-St-Zip:

4920 BILTMORE DRIVE

CORAL GABLES, FL 33146

FILED Apr 02, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business: TWO ALHAMBRA PLAZA PENTHOUSE 1B CORAL GABLES, FL 33134 US **New Mailing Address: Current Mailing Address:** TWO ALHAMBRA PLAZA PENTHOUSE 1B CORAL GABLES, FL 33134 US FEI Number: 90-0154289 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MURAI WALD BIONDO MORENO & BRICHIN, P.A. TWO ALHAMBRA PLAZA PENTHOUSE 1B CORAL GABLES, FL 33134 US The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition MARTINEZ, SUZETTE Name: Name: 4920 BILTMORE DRIVE Address: Address: City-St-Zip: CORAL GABLES, FL 33146 City-St-Zip: Title: Title: () Delete () Change () Addition Name: COLLINGS, GEORGETTE Name: 4920 BILTMORE DRIVE Address: Address: CORAL GABLES, FL 33146 City-St-Zip: City-St-Zip: () Delete Title: Title: TD () Change () Addition MARTINEZ, EUGENIO Name: Name: 4920 BILTMORE DRIVE Address: Address: City-St-Zip: CORAL GABLES, FL 33146 City-St-Zip: Title: SD () Delete Title: () Change () Addition MARTINEZ, ILEANNE Name: Name:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: SUZETTE MARTINEZ P 04/02/2007